

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019484

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Register's District No.

Primary Registration District No.

Registrar's No.

42

FILED MAY 22 1962

VS 300
Rev. 4/59

1 0560

2 0570-

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4 0

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12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LaBelle Missouri		Length of stay in 1b 8 Moths	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sisk Nursing Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) ABRAHAM First Middle Last Miller		4. DATE OF DEATH Month 5 Day 7 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-6-1898 9. AGE (last birthday) 63
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerkical Invalid 20 Years		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Parkville Ill.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Wm Thomas Miller		13b. MOTHER'S MAIDEN NAME Ida Anderson	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War One	
16. SOCIAL SECURITY NO.		17. INFORMANT Hellen Edwards Knox Co. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 15 minutes	
DUE TO (b) Vascular spasms of Middle cerebral artery		6 months	
DUE TO (c) arterio-sclerosis		20 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus and arrested Tuberculosis		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour . Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 1945 to 5/7/62 , to _____ and last saw him/her on 5/4/62 Death occurred at 11:45 A _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Naldo B. Leom m d (Degree or title)		22b. ADDRESS Knox City Mo	
22c. DATE SIGNED 5/11/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5-17-62		23c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery Knox Co Mo.	
23d. LOCATION (City, town, or county) (State)		25. DATE RECD. BY LOCAL REG. 5-15-62	
24. FUNERAL DIRECTOR A J. Leuga Knox City Mo		26. REGISTRAR'S SIGNATURE Mrs. Henry Lloyd	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 24 1962

MAY 25 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by myself, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

McLester Jr.

Licensed Embalmer No. 4328

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.